#### **NEW JERSEY**

# SMALL EMPLOYER HEALTH BENEFITS PROGRAM

20 West State Street, 10th Floor P.O. Box 325 Trenton, NJ 08625 Phone: (609) 633-1882 x50306 Fax: (609) 633-2030

E-mail: wsanders@dobi.state.nj.us

# NOTICE OF ANNUAL FILING REQUIREMENTS FOR NEW JERSEY SEH PROGRAM ASSESSMENTS ACTION REQUIRED BY MARCH 1, 2004

TO: PROPERTY AND CASUALTY CARRIERS, LIFE AND ACCIDENT

AND HEALTH INSURANCE CARRIERS, HEALTH MAINTENANCE ORGANIZATIONS, AND HEALTH

SERVICE CORPORATIONS

FROM: New Jersey Small Employer Health Benefits ("SEH") Program Board RE: Annual Filing of Market Share Reports or Non-member Certifications

DATE: December, 2003

Please read this memorandum and the enclosed applicable regulations carefully before completing any of the enclosed forms. Please note that carriers are not required to make an Exhibit K filing with the New Jersey Individual Health Coverage Program Board in 2004. Carriers will be required to make an Exhibit K filing in 2005 for the 2003-2004 two-year calculation period.

# **SEH Program**

Carriers which report accident and health premium in 2003 are required to provide the Small Employer Health Benefits Program ("SEH") Board with either a Market Share Report **or** a Certification of Nonmember Status. Carriers shall **not** complete both forms. Copies of these reports are attached hereto. If the SEH Board does not receive an accurate Market Share Report from a Member by the March 1, 2004 deadline, or has not granted an extension for such a filing, the Board may refer the matter to the DOBI for enforcement. Further, please note that all Market Share Reports may be subject to audit and a carrier should be prepared to support such an audit.

Non-member carriers must file a Certification of Non-member Status by March 1, 2004 in order to avoid being considered a Member and being assessed based on the carrier's entire accident and health premium reported on its annual statement blank. Carriers which do not report accident and health premium for 2003 are not required to provide the SEH Board with either filing.

Pursuant to the Small Employer Health Benefits Act of 1992, ("SEH Act"), N.J.S.A. 17B:27A-17 et seq., and regulations promulgated thereto and set forth at N.J.A.C. 11:21-1.1 et seq., carriers with *inforce small employer health benefits plans in New Jersey* are subject to assessment by the SEH Board.

Affiliated carriers filing Market Share Reports must submit both a combined Market Share Report and a Market Share Report for each individual affiliate.

Please read the rules carefully before filing. If you have any questions, please let me know.

# Wardell Sanders

Executive Director IHC and SEH Programs

The following excerpts from the **SEH Program** regulations are set forth below to assist you in completion of the Exhibit CC Market Share Report.

## SEH Program: Market Share Report

### N.J.A.C. 11:21-10.1 Scope and applicability

- (a) This subchapter sets forth annual reporting requirements of market share data for the assessment of operational and administrative expenses of the SEH Program.
- (b) This subchapter shall apply to all carriers that are, or become, members of the SEH Program for any portion of a calendar year for which reports under this subchapter are required to be filed, whether or not the carrier is a member on the report filing due date.

#### 11:21-10.2 **Definitions**

Words and terms used in this subchapter shall have the meanings as set forth in the Act or the chapter, unless the context clearly indicates otherwise.

#### 11:21-10.3 Filing of the Market Share Report

- (a) Every member of the SEH Program shall file the Market Share Report set forth as Exhibit CC in the Appendix to this chapter, incorporated herein by reference, on or before March 1. Every member shall complete Parts A, B, C and D of the Market Share Report.
- 1. Affiliated carriers shall submit a combined Market Share Report, except as (a)2 below applies. The combined Market Share Report shall be submitted under the name of one of the affiliated carrier's members.
- 2. Any insurance company, health service corporation, hospital service corporation or medical service corporation that is an affiliate of a health maintenance organization located in the State, and any health maintenance organization located in the State that is affiliated with an insurance company, health service corporation, hospital service corporation, or medical service corporation shall submit separate Market Share Reports.
- (b) Certified Market Share Reports shall be submitted by mail or facsimile to the SEH Program Administrator or Executive Director, as set forth at N.J.A.C. 11:21-2.

#### 11:21-10.4 Net earned premium

- (a) Every member's net earned premium for the preceding calendar year ending December 31 shall be set forth in Part C of the Market Share Report.
- 1. Net earned premium set forth in Part C of the Market Share Report shall include net earned premium resulting from health benefits plans issued, continued or renewed during the preceding calendar year for one or more small employers.
- 2. Net earned premium reported in Part C of the Market Share Report shall be based upon, if not the same as, the data set forth in the member's annual reports adjusted to meet the definition of group health benefits plan, as necessary.

#### 11:21-10.5 Certification

All reports shall be certified as accurate, complete and conforming with the requirements of this subchapter by the Chief Financial Officer or other duly authorized officer of the member.

#### 11:21-10.6 Failure to comply

Failure to comply with the reporting provisions of this subchapter shall result in the Board determining that the premium set forth in the member's most recent Annual Statement filed with the Department is the premium based upon which that member's market share allocation of assessments shall be calculated by the Board.

#### **EXHIBIT CC: 2003**

# New Jersey Small Employer Health Benefits Program Carrier Small Employer Market Share Report

This report must be completed in accordance with the provisions of N.J.A.C. 11:21-10, and certified by the Chief Financial Officer or other duly authorized officer of the Carrier. This revised report must be completed and returned on or before **March 1, 2004.** Completed Reports must be returned to: SEH Program, PO Box 325, [20 West State Street], Trenton, NJ 08625-0325.

Part A. Carı	rier Information			
1.	Carrier's Name:			
2.	Carrier's NAIC Number:			
3.	Affiliated carriers shall submit one con	nbined Market Share Repo	ort, listing all affiliates that had	
	benefits plans in force for small employers			
	ny insurance company, health service corp			
	hat is an affiliate of a health maintenance or			
	located in the State that is affiliated with a			
service corpo	oration, or medical service corporation shall	submit separate Market Sha	are Reports.	
Affiliate Name (if applicable)			NAIC#	
Part B. Pers	onal Respondent Information			
2.	Name: Title:			
3.	M-:1: A.1.1			
4.	Telephone No.:	FAX No.:		
5.	E-mail address:			
Part C. Cale	endar Year Information for 2003			
	et earned premium for all small employer gi	oup		
health benefits plans in 2003:		\$	(1)	
2. Less refunds paid in 2003:		\$	(2)	
3. A	SSESSABLE NET EARNED PREMIUM (	1-2=3):	(3)	
Part D.	Certification			
	t I am the Chief Financial Officer or oth			
	provided in this Report is accurate and cFN.J.A.C. 11:21-10.	omplete, and has been pr	repared in accordance with the	
Signature		Title		
Printed Nan	ne	<b>Date</b>		

# THE NEW JERSEY SMALL EMPLOYER HEALTH BENEFITS PROGRAM 2003 CERTIFICATION OF NON-MEMBER STATUS

Carrier Name:Address:		
NAIC #.		
		, a duly authorized officer of the above named
(CHECK EITHER #1 OR #2) 1. Is not a "Carrier" authorize at N.J.A.C. 11:21-1.2 and N.J.S.A. 17		nefit Plans" in New Jersey, as those terms are defined
	n" in force in 2003 cov	w Jersey Small Employer Health Benefits Program ering a New Jersey "Small Employer," as those terms
for 2003 were entirely attributable to expressly excluded from, the definition	the following types on of "health benefits plan	Department of Banking and Insurance by this carrier f coverage, all of which are not included in, or are not in the rule cited above:  he types of coverages that make up the carrier's
1	4	
2.	5.	
3	6	
	rs of the Program subj	ployers through associations, trusts, or multiple ect to assessment. If you have questions about this
Signature		Title
Printed Name		Date
Fax Number:		E-mail Address:
MAIL COMPLETED FORM TO:	O: New Jersey Small Employer Health Benefits Program PO Box 325 [20 West State Street] Trenton, NJ 08625-0325	